

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	111	579	8/18/01
<b>RESPONSE FORMALITY REVIEW</b>			

## **INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
— (Through numeral) ... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	3/17/64
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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# **BEST AVAILABLE COPY**